PTO/SB/06 (08-03)

Under the Paper	WORK REDUCTION A	ICATH	ON FEE DE	required to respo				455 K Oct	DEPARTMENT plays a valid OME	3 control numb
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1)				(Column 2)	_	SMAL	LENTTY	OR	OTHE	ER THAN LENTITY
FOR BASIC FEE	NUI	ABER FILE	D N	JMBER EXTRA		RATE	PEE	1	RATE	FEE
(37 CFR 1.16(e))							-385.º] _{oe}		:770
TOTAL CLAIMS 37 CFR 1.16(c))		minus 20 =			1	× 190 .		l or	x 18.0-	1
INDEPENDENT CLI (37 CFR 1.16(b))	AIMS	minus	3 : .		7	× 430.	1	OR.	x 186°	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+sH62	T	OR	+=290:	+
* if the difference in column 1 is less than zero, enter "O" in column Z.						TOTAL	 	OR	TOTAL	
/ CLAIMS AS AMENDED - PART II								J 0K	IOIAL	Ь
1 Monday	- -	MEMDE	U - PART II							
1 olas	(Column 1)		(Column	, , , , , , , , , , , , , , , , , , , ,	_	SMALL	ENTITY	OR		R THAN ENTITY
Total (27 CPR 1.16(4)	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA	L	RATE	ADDI- TIONAL PEE)		RATE	ADDITIONAL
Total (37 CFR 1.16(4))	. 77	Minus		1-1	1	× 9 -	1 7		18	· FEE
Z Independent LI (27 CFR 1.56(b))	1 23	Minus	111/2	11	1 1	×:43	1/	OR	× 5/8 -	 /
FIRST PRESEN	TATION OF MULTIP	LE DEPEN	DENT CLAN. CO	CERT SEAT	11	+1/15-	/	OR	- W. 17.	
-1 1/				7	1	TOTAL	1/	OR	+:290.	
7//1//	6					ADD'L FEE	بب	OR	ADD'L FEE	<u> </u>
0	(Column 1) CLAMS	т—	(Column 2	T .	1 1		~ -			
	REMAINING AFTER AMENDMENT		PAID FOR		И	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
GF CFR 1.98(d)	11	Minus	-20	1. /	П	<u>хз9</u> -	$\Box Z$	OR	×=18 -	7
(SF CFR 1.160)	3	Minus	7	1. /	П	× 43 .	\square	OR	× = 86 -	$\overline{}$
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR VALO)					П	+145.		OR	+290.	7
		•		C.		ADD'L FEE /		OR '	TOTAL ADD'L FEE	7
	(Cotumn 1)		(Çolumn 2)	(Column 3)		C				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (pr cFR 1.14(13) Independent (pr cFR 1.14(1))		Minus	**		ŀ	9	FEE		× 1/2 -	FEE
Independent (07 GFR 1.160.))		Minus	***	1.	r	×3 ! · · · · · · · · · · · · · · · · · ·		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						.145		OR	**86- **290-	
					L	TOTAL ADDL FEE	-	OR .	TOTAL	
" If the entry in co	lumn I is less than	the entry	in column 2, w	ille 10" in column :				OR	ADDIFEE	
" If the "Highest N " If the "Highest N										
collection of inform	mber Previously P	en FOr	out or maspen	count) is the higher	St nu	moer found in t	le appropriate	box in col	lumn 1.	

This consistent of information is required by 37 CFR 1.16. The information is required to exhibit or makes produced in the public which is to fine (and by the USF) OI to process) an application, Condendenshifty is governed by 53 U.S.C. 122 and 37 CFR 1.14. The condition is regime to the public which is a fine facility in the condition of the co

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.